

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066165

FILED
Mar 19, 2004
Secretary of State

Entity Name: LAB SCIENTIFIC INC.

Current Principal Place of Business:

8381 NW 66 ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8381 NW 66 ST
PO BOX 025323
HIALEAH, FL 33012 US

New Mailing Address:

8381 NW 66 ST
MIAMI, FL 33166 US

FEI Number: 65-0852812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORIANNO, SUSANA
20500 W COUNTRY CLUB DRIVE
APT 607
AVENTURA, FL 33160

Name and Address of New Registered Agent:

SORIANO, SUSANA
20500 W COUNTRY CLUB DRIVE
APT 607
AVENTURA, FL 33160

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSANA SORIANO

03/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SORIANO, SUSANA
Address: 8381 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: SHLESINGER, CATHERINE
Address: 8381 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: TD (X) Delete
Name: SHLESINGER, ROBERTO
Address: 7223 N.W. 43RD STREET
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/TD (X) Change () Addition
Name: SHLESINGER, ROBERTO
Address: 8381 NW 66 ST
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SHLESINGER

S

03/19/2004

Electronic Signature of Signing Officer or Director

Date